

UNITED STATES DISTRICT COURT NORTHERN DISTRICT OF CALIFORNIA CAND 435 (CAND Rev. 08/2018)				<b>TRANSCRIPT ORDER</b> Please use one form per court reporter. <i>CJA counsel please use Form CJA24</i> Please read instructions on next page.					COURT USE ONLY <b>DUE DATE:</b>						
1a. CONTACT PERSON FOR THIS ORDER <b>Kioshi Addison-Bell</b>				2a. CONTACT PHONE NUMBER <b>(213) 229-7461</b>			3. CONTACT EMAIL ADDRESS <b>kbell@gibsondunn.com</b>								
1b. ATTORNEY NAME (if different) <b>Elizabeth McCloskey</b>				2b. ATTORNEY PHONE NUMBER <b>(415) 393-4622</b>			3. ATTORNEY EMAIL ADDRESS <b>emccloskey@gibsondunn.com</b>								
4. MAILING ADDRESS (INCLUDE LAW FIRM NAME, IF APPLICABLE) <b>Gibson, Dunn &amp; Crutcher LLP, One Embarcadero Ctr., Suite 2600, San Francisco, CA 94111</b>				5. CASE NAME <b>In re Meta Pixel Healthcare Litigation</b>					6. CASE NUMBER <b>3:22-cv-03580</b>						
				8. THIS TRANSCRIPT ORDER IS FOR:											
7. COURT REPORTER NAME ( FOR FTR, LEAVE BLANK AND CHECK BOX)→ <input type="checkbox"/> FTR <b>No Court Reporter</b>				<input type="checkbox"/> APPEAL <input type="checkbox"/> CRIMINAL <input type="checkbox"/> In forma pauperis (NOTE: Court order for transcripts must be attached) <input type="checkbox"/> NON-APPEAL <input checked="" type="checkbox"/> CIVIL      CJA: <u>Do not use this form; use Form CJA24.</u>											
9. TRANSCRIPT(S) REQUESTED (Specify portion(s) and date(s) of proceeding(s) for which transcript is requested), format(s) & quantity and delivery type:															
a. HEARING(S) (OR PORTIONS OF HEARINGS)				b. SELECT FORMAT(S) (NOTE: ECF access is included with purchase of PDF, text, paper or condensed.)					c. DELIVERY TYPE (Choose one per line)						
DATE	JUDGE (initials)	TYPE (e.g. CMC)	PORTION If requesting less than full hearing, specify portion (e.g. witness or time)	PDF (email)	TEXT/ASCII (email)	PAPER	CONDENSED (email)	ECF ACCESS (web)	ORDINARY (30-day)	14-Day	EXPEDITED (7-day)	3-DAY	DAILY (Next day)	HOURLY (2 hrs)	REALTIME
08/21/2024	VKD	Hearing		<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
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10. ADDITIONAL COMMENTS, INSTRUCTIONS, QUESTIONS, ETC:															
ORDER & CERTIFICATION (11. & 12.) By signing below, I certify that I will pay all charges (deposit plus additional).														12. DATE	
11. SIGNATURE <b>/s/ Elizabeth McCloskey</b>														08/22/2024	

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